Upper GI bleeding in cirrhotic patients: Which method to search for Helicobacter pylori infection?

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Which method to search for *Helicobacter pylori* infection?

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TO THE EDITOR:

In a recent article, Ardevol et al. showed, in a multicentre cohort study, that patients with cirrhosis and acute peptic ulcer bleeding (PUB) had a survival rate similar to those with variceal bleeding. Few patients in both groups died from uncontrolled bleeding, which is the cause of death usually related to liver failure or comorbidities. The authors reported that among patients with PUB, the latter was related to *Helicobacter pylori* (*H. pylori*) infection in 29% of cases.[(1)]

We agree with the authors that *H. pylori,* the main cause of peptic ulcer and often of PUB in non-cirrhotic patients, has a minor role in case of cirrhosis.[(2)] However, the importance to prevent partially or completely peptic ulcer recurrence, with or without re-bleeding, renders the search for *H. pylori* mandatory. The methods to diagnose *H. pylori* infection can be classified as invasive or non-invasive, the former being based on biopsy specimens obtained at endoscopy. The choice of the test depends on the clinical context. Usually, during the active bleeding biopsy, obviously, samples are not collected. The Maastricht V/Florence Consensus Report highlights that serology, in conditions (as bleeding) that may lead to a low bacterial load in the stomach and to a decreased sensitivity of all diagnostic methods, can be the optimal option.[(3)] Since, in the paper by Ardevol *et al.,* it is unclear which method has been used to diagnose *H. pylori* infection, we believe that this important information will further enrich their interesting work.

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CONFLICT OF INTEREST

The author declares no conflict of interest.